

For the reporting period ended December 31	
RECD S.E.C.	 OMB Number: 3235–0337. Expires: June 30, 2002. Estimated average burden hours per full response: 6.00. Estimated average burden hours per intermediate response: 1.50. Estimated average burden hours per minimum response: 1.50.
MAY 2 8 2002	sponse: .50.
United States Securities and Exchange Commis	ssion, Washington, D.C. 20549
Form TA-2—Fo E@3 or Reporting Activities of Transfer Agents Reg Exchange Act of 19	
Attention: Intentional misstatements or omissions of fact constitut and 15 U.S.C. 78ff(
1. Full name of Registrant as stated in Question 3 of Form T address.)	'A-1: (Do not use Form TA-2 to change name o
SENECA FOODS CORPORATION	
2. a. During the reporting period, has the Registrant engaged agent functions? (Check appropriate box.) □ All □ Some XX None b. If the answer to subsection (a) is all or some, provide the service company(ies) engaged.	
Name: File No.	(beginning with 84- or 85-):
c. During the reporting period, has the Registrant been engaged to perform transfer agent functions? YesX_No	peen more room is required, please complete y to and attach the Supplement to Form TA—
Name: File No.	(beginning with 84- or 85-):
	PROCESSE
	P JUN 0 3 2002
	THOMSON
3. a. Registrant's appropriate regulatory agency. (Check one box onl	THOMSON FINANCIAL
Comptroller of the Currency Federal Deposit Insurance Corporation Board of Governors of the Federal Reserve System	orm TA-1 within 60 calendar days following the

If the response to any of questions 4-11 below is none or zero, enter "0."

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4. Number of items rec	eived for transfer during	g the re	porting period .	••••••				••••		140
5. a. Total number of in dend reinvestment p	ndividual securityholde lans and/or direct purch	r accou nase pla	nts, including ac ns as of Decemb	ecounts in the	e Direct Re	egistratio	n System	(DRS),	diví-	696
	ridual securityholder di									"0"
c. Number of indiv	ridual securityholder DF	RS accor	ınts as of Decen	nber 31					-	"0"
	ercentage of individual									
Corporate equity se- curities	Corporate debt secu- rities		end investment any securities	Limited pa secur		Munici	pal debt se rities	ecu-	Othe	r securities
			·							
6. Number of sec	urities issues for whi	ch Reg	istrant acted i	n the follow	ving capa	cities, a	s of Dece	mber 3	31:	
			Corporate equi		Open-en investme compan	nt nei	ited part- rship se-	Muni debt s	ecuri-	Other secu-
			Equity	Debt	securitie		curities	tie	es 	
	ransfer and maintains the									
	transfer but does not molder files									
	ems for transfer but ma						:			
	itional types of activitie s for which dividend r	einvestr	nent plan and/c							
b. Number of issues	s for which DRS service	s were	provided, as of l	December 31	************					
c. Dividend disburs i. number of is	sement and interest pay	ing age	nt activities con	ducted durin	g the repor	ting per	iod:			
ii. amount (in o	dollars)	···········		***************************************	•••••		***************************************	• • • • • • • • • • • • • • • • • • • •		
8. a. Number and of December 31:	aggregate market va	lue of	securities ag	ed record	difference	es, exis	ting for	more	than	30 days, as
							Prior tr agent (If ble	applica	_ Cu	rrent transfer agent
	ars)									
b. Number of quarterly porting period pursua	reports regarding buy- ant to Rule 17Ad-11(c)(
c. During the reporting SEC) required by Rule	period, did the Registre e 17Ad–11(c)(2)?									
Yes No									_	
d. If the answers to s	ubsection (c) is no, p	rovide	an explanation	n for each f	ailure to f	file.				
9. a. During the rep	orting period has t	ha Rea	ictrant always	heen in c	compliance	o with	the turn	aroun.	d time	for routing
items as set forth		rie ive8	ionain aiways	, Deell III (ompiiano	O MILLI	are tull	ar Ourl	a min	, tor routille

information contained in the Form is true, correct, and complete.

Manual signature of Official responsible for Form	Title: President & CEO Telephone number: 315-926-810
Name of Official responsible for Form: First name, Middle name, Last name)	Date signed (Month/Day/Year): 3/21/02
File Number	Supplement to Form TA-2
For the reporting period ended December 31,———	Full Name of Registrant

Use this schedule to provide the name(s) and file number(s) of the named transfer agent(s) for which the Registrant has been engaged as a service company to perform transfer agent functions:

Name:	File No. (beginning with 84– or 85–):

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